

FIG. 1



Initial Information Display 20A

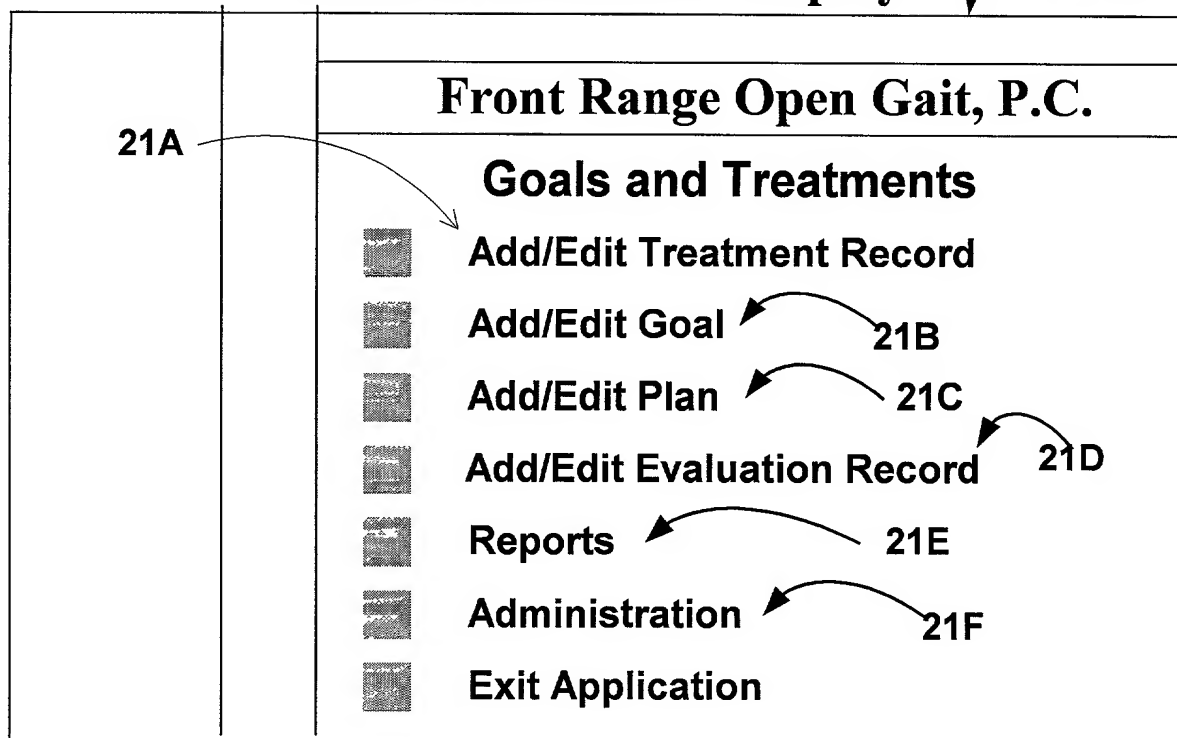


FIG. 2A

Reports Information Display 20B

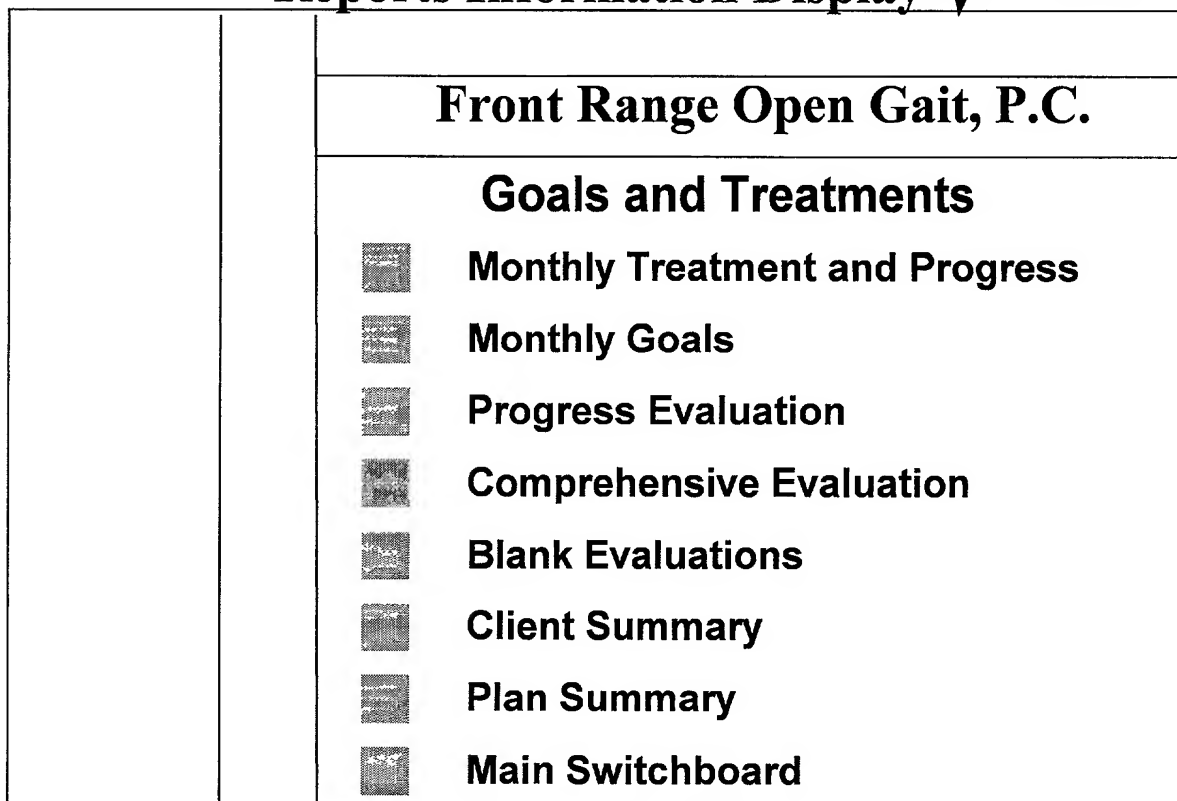


FIG. 2B

204080-5-9800T



Administrative Information Display









		Front Range Open Gait, P.C.
		Goals and Treatments  Add/Edit Patient  Add/Edit Doctor  Add/Edit Therapist  Add/Edit Insurance Company  Updates from Medisoft  Practice Information  Evaluation Administration  Main Switchboard

FIG. 2C

Evaluation/Administration Display






		Front Range Open Gait, P.C.
		Goals and Treatments  Add/Edit Evaluations  Add/Edit Categories  Add/Edit Tools  Add/Edit Tests  Main Switchboard

FIG. 2D

204,030* 6/4/98COT



25A

Date Entry Initials:

Speech Pathology		Physical Therapy		Occupational Therapy	
Evaluation Codes by Discipline					
Speech Evaluation	92506	Physical Therapy Eval.	97001	Occupational Therapy Eval.	97003
Therapy Session		Functional Codes			
Speech Treatment	92507			Direct Therapeutic Activities	97503
		Modalities			
G Codes - by report		Traction	97012	Exercise	
		Electrical Stimulation	97014	Aquatic Therapy	97113
Speech Group Therapy	92508				
MODIFIERS					
Distinct Procedural Service	77mcd/59	Functional Codes		Missed Appointments	
		Aquatic Therapy	97113	Cancelled by Therapist	1000
EPSDT CLINIC ONLY		Exercise		Cancelled by Patient	1100
Physical Test & Measurement	97750	Massage	97124	NO SHOW	1110
Office Procedures		Gait/Lower Quarter			
Office Visit	99211	Gait Training	97116		
Consultation	99241				
Miscellaneous Codes					
Unlisted Procedure	99070				
		Equipment/Community Codes			
Location		ADL Self Care Management	97535		
Check Box					
CLINIC					
CLIMBING WALL					Signature:
HOME					Witness
		ICDM 9 Codes: Time In: Time Out: Therapist Signature: License #			
OTHER					

FIG. 2E



26g

25B

Comments: 26L








Goals Addressed during Treatment Session		<p><u>28A</u></p>	<p>Progress Toward Goal During/After Treatment:</p> <p><u>29A</u></p>		
Appropriate CPT Descriptor					
Speech Therapy					
Re-Evaluation/ Consultation					
Cognitive Skill					
Sensory Integration					
Direct Activity					
Aquatic Therapy					
Community Rehab					
Swallowing Treatment					
Gait Training		<p><u>28B</u></p>	<p><u>29B</u></p>		
Orthotics/Splinting					
Wheelchair/ Equipment					
Assistive Technology					
Manual Ther - P.T.					
Therapeutic Exercise					
Teaching Response:					
Change in Plan:					
<p><u>56CH</u></p>				<p>Therapist Signature:</p> <p>License #: _____</p> <p>Date Transcribed: _____ Initials: _____</p>	
				<p><u>28C</u></p> <p><u>29C</u></p>	

FIG. 2F



31A

30

☐ All records       

Treatments








32A Treatment Date **33A** Session Length

34A Patient **35A** Therapist

Goal

Progress

31B

☐ All records       

Treatments

32B Treatment Date **33B** Session Length

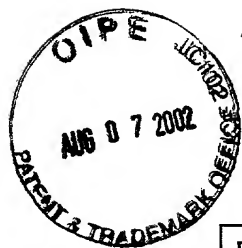
34B Patient **35B** Therapist

Goal

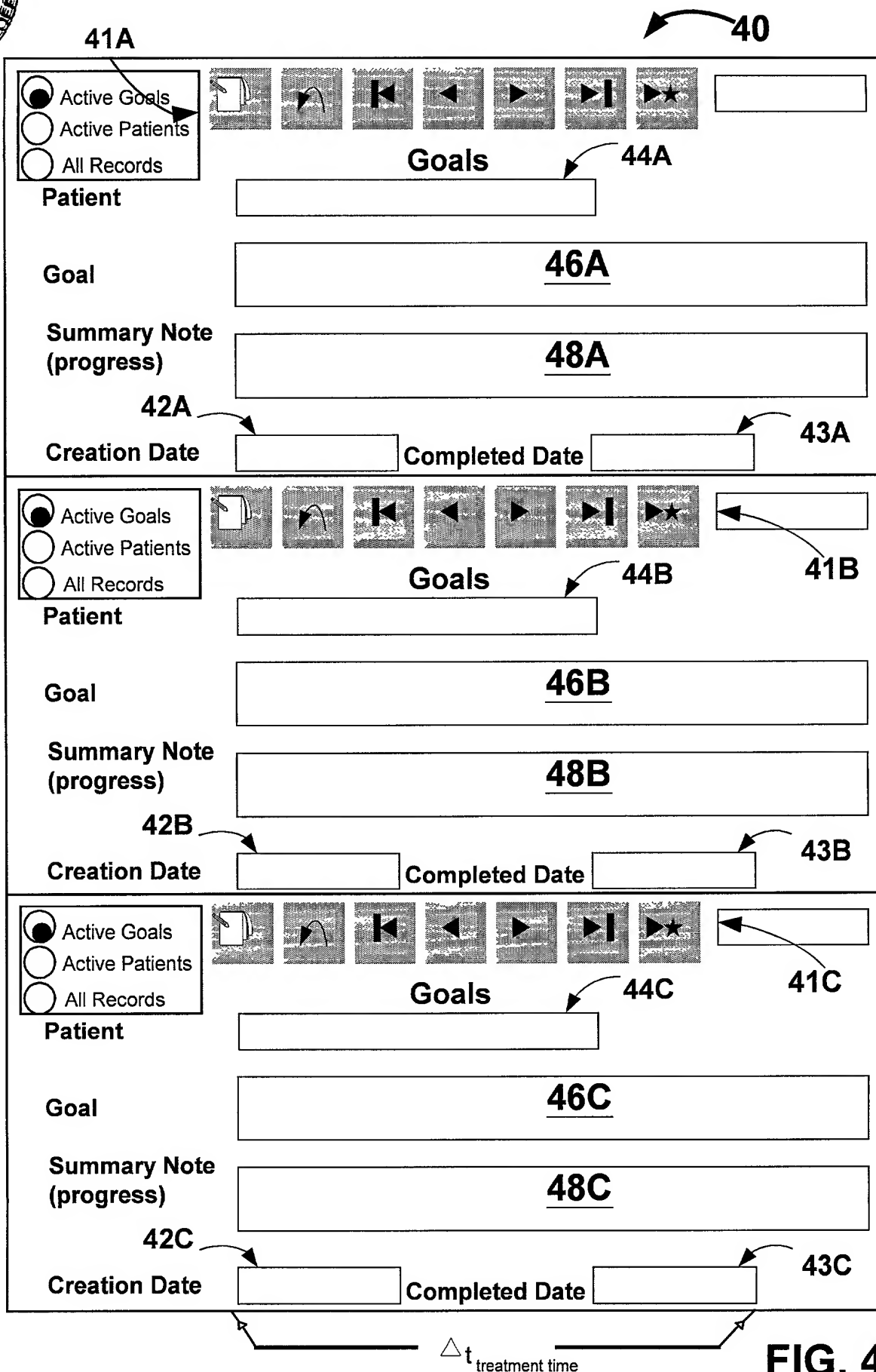
Progress

FIG. 3

20040909*64498001



20060529500702





20040801 54298001

51A **50**

☒ Active Patients
☐ All Records

Plans

Plan Date **52A**

Patient **54A**

55A

Rehab Potential

☒ Good
☐ Fair
☐ Poor

Plan

☐ Implement next month's goals
☐ Re-evaluation
☐ Conference
☐ Equipment
☐ Discharge

56A

51B

☒ Active Patients
☐ All Records

Plans

Plan Date **52B**

Patient **54B**

55B

Rehab Potential

☒ Good
☐ Fair
☐ Poor

Plan








☐ Implement next month's goals
☐ Re-evaluation
☐ Conference
☐ Equipment
☐ Discharge

56B

FIG. 5

61A

60

☐ All records       

Evaluations








Evaluation Date ☐ Achieve

Patient Therapist

Evaluation Category Test

Tool Test Position Plane

Note

☐ All records       

Evaluations

Evaluation Date ☐ Achieve

Patient Therapist

Evaluation Category Test

Tool Test Position Plane

Note

FIG. 6



FIG. 7A

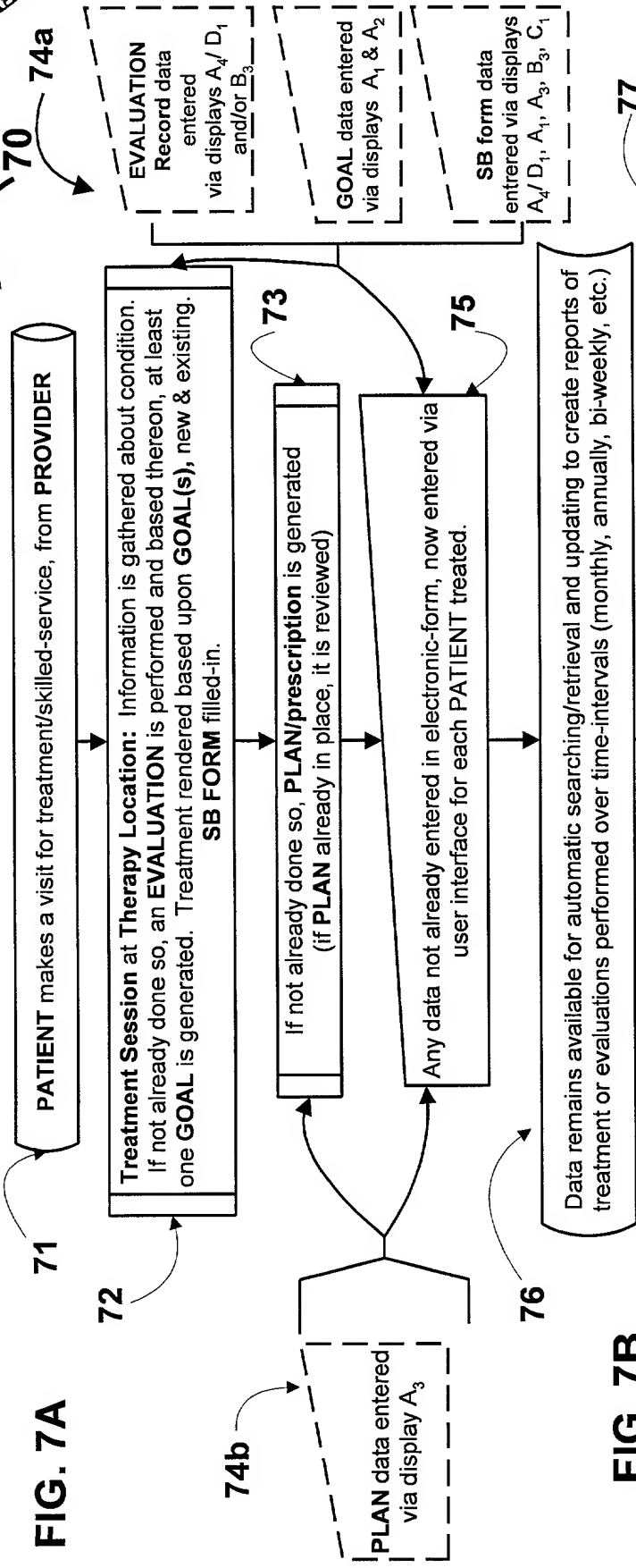
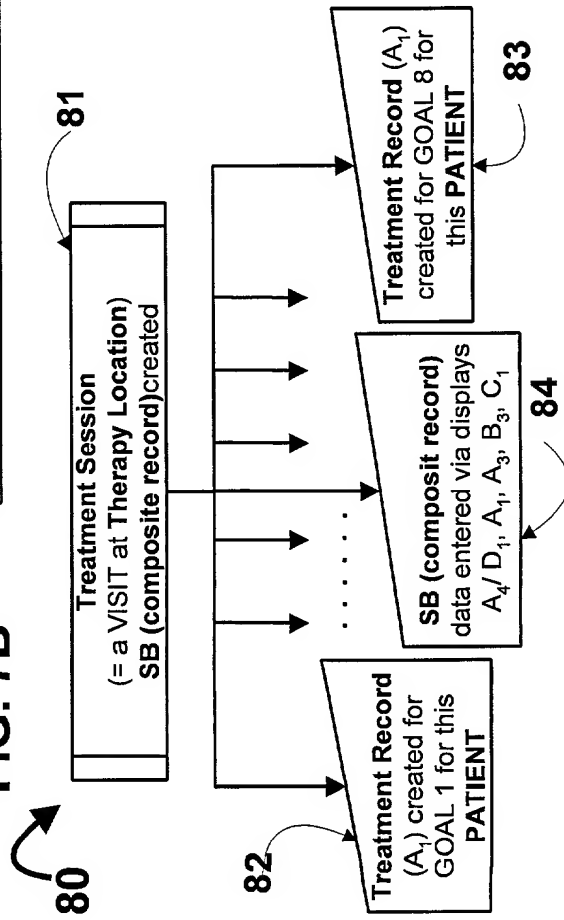


FIG. 7B



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 AUG 07 2002
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204080-6429800T

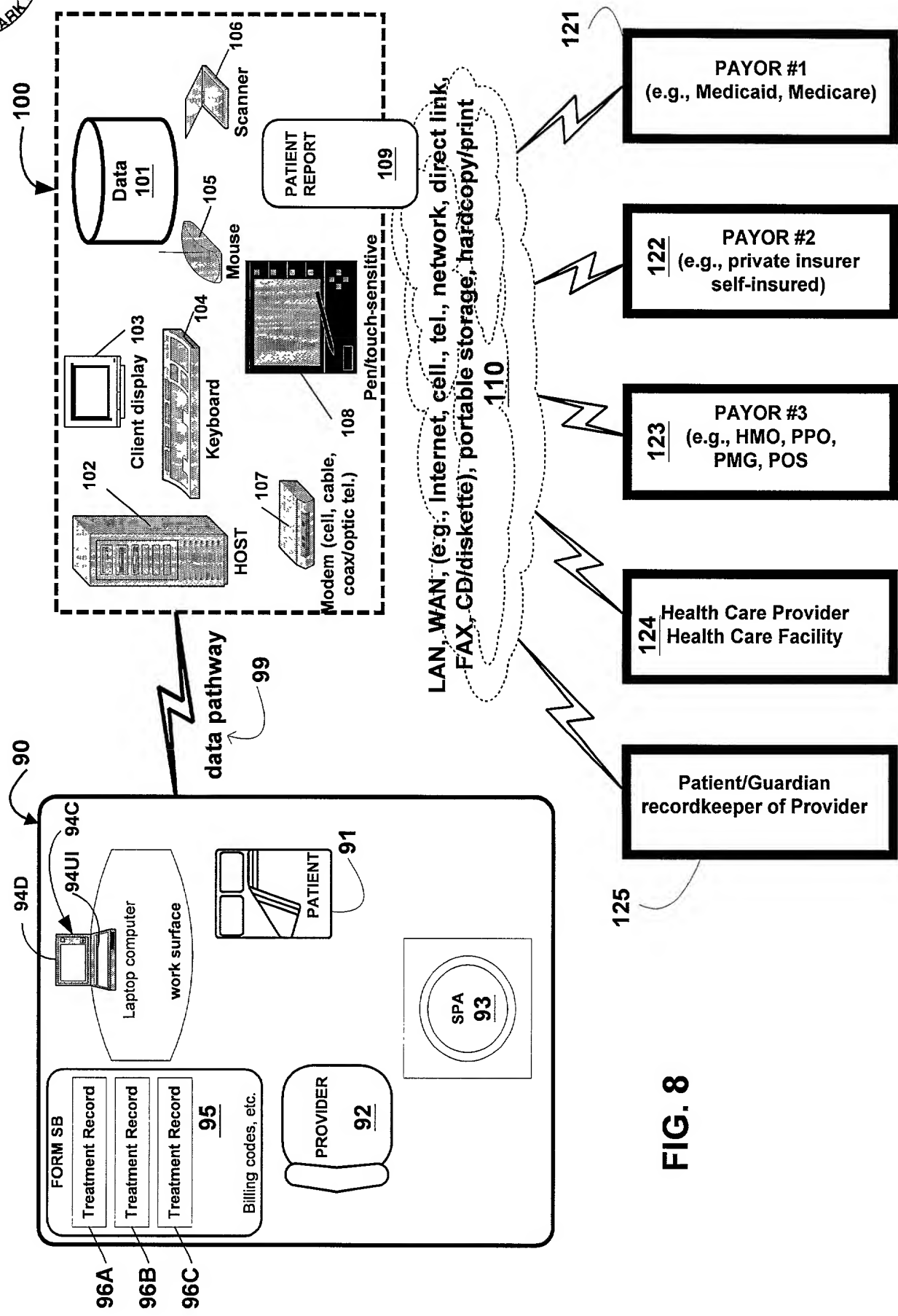


FIG. 8

